

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

February 6, 2025

[REDACTED], PERSONAL CARE ADMINISTRATOR
ACTS RETIREMENT - LIFE COMMUNITIES INC
[REDACTED]
[REDACTED]

RE: OAKBRIDGE TERRACE AT LIMA
ESTATES
411 N. MIDDLETOWN ROAD
MEDIA, PA, 19063
LICENSE/COC#: 13891

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/06/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
Claire Mendez

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: OAKBRIDGE TERRACE AT LIMA ESTATES License #: 13891 License Expiration: 05/21/2025
 Address: 411 N. MIDDLETOWN ROAD, MEDIA, PA 19063
 County: DELAWARE Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: ACTS RETIREMENT - LIFE COMMUNITIES INC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 08/15/1990 Issued By: Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 22 Waking Staff: 17

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 11/06/2024

Inspection Dates and Department Representative

11/06/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 36 Residents Served: 22
 Special Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 22
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

11/06/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/05/2024

01/14/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 01/14/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/15/2025

Inspections / Reviews *(continued)*

02/06/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/14/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85a Sanitary conditions

1. Requirements

2800.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 11-6-24, at 3:26PM, the bathroom floor for resident #1 was unclean with cat food. The bathroom had a strong malodorous odor.

Plan of Correction

Accept (████ - 01/14/2025)

Administrator reeducated staff on 11/26/24 regarding sanitation of the residence. Resident #1 █████ contacted 11/26/24 and notified that resident requires more assistance with care of the cat. Beginning 12/2/24, Resident #1 █████ to come in 3 times weekly to ensure cat litter is cleaned and cat food is not spilled on the floor. Beginning 11/18, Administrator, or designee to conduct environmental rounds two times per week x 12 to ensure sanitary conditions are maintained. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee.

Licensee's Proposed Overall Completion Date: 12/27/2024

Implemented (████ - 02/06/2025)

105g Dryer lint removal

2. Requirements

2800.
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 11-6-24 at 12:16 pm, there was an approximate 1/2-inch accumulation of lint in the lint trap of the filter. There were no clothes in the dryer at the time.

Plan of Correction

Accept (████ - 01/14/2025)

Administrator and Director of Environmental Services reeducated staff on 11/26/24 regarding reducing risks of fire hazards by monitoring for and removing any accumulation of lint from the dryer lint trap after each use. Beginning 12/2/24, Administrator, or designee to conducted audits of the dryer lint trap twice weekly x 12 to ensure no accumulation of lint. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee

Licensee's Proposed Overall Completion Date: 01/10/2025

Implemented (████ - 02/06/2025)

171b5 Transportation-first aid kit

3. Requirements

2800.
171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:
5. The vehicle must have a first aid kit with the contents as specified in § 2800.96 (relating to first aid kit). The inclusion of an automatic external defibrillation device in a vehicle is optional.

Description of Violation

The first aid kit in the van B-37 used to transport residents does not include:

171b5 Transportation-first aid kit (continued)

- Goggles
- Scissors
- Tweezers
- Thermometer

Plan of Correction

Accept (█) - 01/14/2025)

Administrator and transportation supervisor reeducated staff on 11/26/24 and 12/4/24, respectively regarding required contents of vehicles first aid kit. Beginning 12/2/24, Administrator, or designee to conduct weekly audits x 4 of random vehicle first aid kits, to ensure the required contents are available. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee

Licensee's Proposed Overall Completion Date: 12/27/2024

Implemented (█) - 02/06/2025)

185a Storage procedures

4. Requirements

2800.

185.a. The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 11-6-24 at, 3:45pm the glucometer for resident #2 was not calibrated to the current time. The time displayed showed "16:45": 4:45pm.

Plan of Correction

Accept (█) - 01/14/2025)

Administrator reeducated staff on 11/26/24 regarding calibration of glucometers. Beginning 11/18, Administrator, or designee to per for weekly audits x 6 of glucometers to ensure they are properly calibrated. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee

Licensee's Proposed Overall Completion Date: 12/27/2024

Implemented (█) - 02/06/2025)

251b Record entries - legible

5. Requirements

2800.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Resident # 3's narcotics control record for oxycodone 15mg August 2024 contains write-overs on the log in the following areas:

- the dates of 8-5-24 (5am), 8-5-24 (5:02pm), 8-22-24 (5am)
- the time of administration on 8-14-24 (first entry on the page), 8-14-24 9:03 (pm was written over), 8-29-24 (time 5pm crossed out with no notation)
- the amount on hand prior to administration on 8-9-24 at 5:13pm

251b Record entries - legible (continued)**Plan of Correction****Accept ([REDACTED] - 01/14/2025)**

Administrator reeducated staff on 11/26/24 regarding legible record entries. Beginning 12/2/24, Administrator, or designee to perform random weekly audits of the narcotic control record x 6 to ensure entries are legible. POC will be reviewed at QAPI & ongoing monitoring for compliance will be reported to QAPI committee

Licensee's Proposed Overall Completion Date: 01/10/2025

Implemented ([REDACTED] - 02/06/2025)